439463

FORM D



SEC Mail Procession OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Section

3235-0076

Expires:

Estimated average burden AUG 04 200 hours per response.....16.00

FORM D

NOTICE OF SALE OF SECURIFIES ngton, De PURSUANT TO REGULATION D, 110 SECTION 4(6), AND/OR

SEC USE ONLY DATE RECEIVED

UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Issuance of Series A Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) magnify360, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 5959 W. Century Blvd., Suite 900, Los Angeles, CA 90045	Telephone Number (Including Area Code) (310) 910-9747
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Software applications	B
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	please specify): PROCESSED
Month Year Actual or Estimated Date of Incorporation or Organization: 03 05 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	AUG 0 8 2008 THOMSON PEUTEDO

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	A	BASIC IDENTII	ICATION DATA		
2. Enter the information requested for	or the following:				
 Each promoter of the issuer, 	if the issuer has been	organized within t	he past five years;		
 Each beneficial owner having 	the power to vote or d	lispose, or direct the	e vote or disposition of	, 10% or more of a	class of equity securities of the issuer.
 Each executive officer and d 	irector of corporate is	suers and of corpor	rate general and mana	ging partners of pa	artnership issuers; and
Each general and managing	partner of partnership	issuers.			
Check Box(es) that Apply: Pro	omoter 📝 Benefi	cial Owner 🔽	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individu	all				
Chaine, Oliver A.	ai j				
Business or Residence Address (Nun	ther and Street City	State Zin Code)			
5959 W. Century Blvd., Suite 900					
Check Box(es) that Apply: Pro	omoter 🗹 Benefi	cial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individu Chaine, Randie C.	al)				
Business or Residence Address (Nun	iber and Street, City,	State, Zip Code)			
5959 W. Century Blvd., Suite 900,	Los Angeles, CA 9	0045			
Check Box(es) that Apply: Pro	omoter Benefi	cial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individu Healy, James	al)				
Business or Residence Address (Nun	aber and Street, City,	State. Zip Code)			
5959 W. Century Blvd., Suite 900,	Los Angeles, CA 9	90045	<u>.</u>		
Check Box(es) that Apply: Pro	omoter 🔽 Benefi	cial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individu	al)			-	
MHS Capital Partners, L.P.					
Business or Residence Address (Nun 580 California Street, Suite 1701,					
Check Box(es) that Apply: Pro	omoter 🗹 Benefi	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individu MHS Capital Principals, LLC	al)				
Business or Residence Address (Num 580 California Street, Suite 1701,	-	•			
Check Box(es) that Apply: Pro	omoter 🔲 Benefi	cial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individu	ral)				
Business or Residence Address (Num	nber and Street, City,	State, Zip Code)			
Check Box(es) that Apply: Pro	omoter Benefi	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individu	al)		 		
Business or Residence Address (Num	nber and Street, City,	State, Zip Code)			
	(Use blank sheet, or o	opy and use additi	onal copies of this she	eet, as necessary)	

					B. II	NFORMAT	ON ABOU	T OFFERI	NG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠			
١.	Answer also in Appendix, Column 2, if filing under ULOE.								_	E			
2.	. What is the minimum investment that will be accepted from any individual?										s		
_	3. Does the offering permit joint ownership of a single unit?									Yes	No		
3.											irectly, any		X
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ited is an ass	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state sons of such		
Ful N//	•	Last name	first, if ind	ividual)									
		Residence	Address (N	umber and	Street, Ci	ity, State, 2	ip Code)						
Nar	me of Ass	sociated Bi	roker or De	aicr									
Sta			Listed Ha						•				
	(Check	"All State:	s" or check	individual	States)	***************************************						□ ∧1	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	[LA] [NM]	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	TX	UT	VT	VÄ	WA	$\overline{\mathbf{w}}\overline{\mathbf{v}}$	WI]	WY	PR
Ful	l Name (Last name	first, if ind	ividual)		·			·····	 			•
Bus	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)			•	a , iu		,
Nai	me of As	sociated B	roker or De	aler									
Sta	tes in W	nich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)		**************	.,,,,	*****************				1 States
	AL	AK	(ĀZ)	AR	CA	CO	CT	DE	DC	FL	GA		ID.
	IL	IN (NE)	[A]	KS	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	TX	UT	VΤ	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nai	me of As	sociated B	roker or De	aler									
510	tes in Wi	ich Percor	Listed Ha	Solicited	or Intends	to Solicit	Purchaeere	·					
314			s" or check									☐ AI	I States
		ĀK	ΑZ	AR	CA	[<u>CO</u>]	CT]	DE	DC]	FL	GA	HI	ID
	AL)	[N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM UT	NY	NC VA	ND WA	OH	OK W	OR WV	PA
	RI	SC	SD	TN	TX	UT	VT	V٨	WA	WV.	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	:	\$
	Equity		
	Common Preferred	· · · · · · · · · · · · · · · · · · ·	<u> </u>
			¢
	Convertible Securities (including warrants)		\$
	·	-	<u>. </u>
	Other (Specify)		
	Total		3_2,400,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	5	\$ 2,499,999.90
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)	=	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3,	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<u>2</u>	\$_50,000.00
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		50,000.00

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF F	ROCEDO	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$_2449999.9
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	•	_	
	Purchase of real estate		\$. 🗆 \$
	Purchase, rental or leasing and installation of mac and equipment		¬\$	□\$
	Construction or leasing of plant buildings and faci			
	Acquisition of other businesses (including the value offering that may be used in exchange for the asse issuer pursuant to a merger)	ue of securities involved in this ts or securities of another	_	
	Repayment of indebtedness			. 🗆 \$
	Working capital			2449999.90
	Other (specify):			
			¢	
			_	_
	Column Totals		\$ <u>0</u>	. 🗹 \$ <u>2449999.90</u>
	Total Payments Listed (column totals added)		≥ \$ <u>24</u>	49999.9 0
		D. FEDERAL SIGNATURE	****	
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commis	sion, upon writte	n request of its staff
Iss	er (Print or Type)	Signature	Date /z	100
	gnify360, Inc.	and the state of t	7/31	108
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
lam	es Healy	Chief Financial Officer		

- ATTENTION -

	E. STATE SIGNATURE			_
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🔀	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) magnify360, Inc.	Signature Date 7/31/08	
Name (Print or Type)	Title (Print or Type)	
James Healy	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 4 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Series A Preferred Accredited Non-Accredited Stock Yes No Investors Investors Amount State Yes No Amount ALΑK AZAR Series A Preferred Stock \$2,499,999.90 5 \$0.00 \$2,499,999.90 CA 0 X CO CT DE DC FL GA HI ID ILΙN ΙA KS KY LA ME MD MA ΜI MNMS

2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Series A Preferred Accredited Non-Accredited Stock No Investors Investors Amount Yes State Yes No Amount MO МТ NE NV NH NJ NM NY NC ND ОН OK OR PA RI SCSD TN TXUT VT VAWA WVWI

APPENDIX

	APPENDIX										
1	2 3 4 Type of security							5 Disqualification under State ULOE			
	to non-a	to sell accredited is in State s-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				(if yes, attach explanation of waiver granted (Part E-Item 1			
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											

